Date

July 10, 2008

PTO/SB/17 (10-07)
Approved for use through 06/30/2010. OMB 0651-0032
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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/574,945-Conf. #7327 Application Number FFF TRANSMITTAL Filing Date April 7, 2006

	· imig outo			11 12 12 12 12									
For FY 2008					ned Inv		Haruo Yoshida_						
					Name		A. Ruiz						
Applicant claims small entity status. See 37 CFR 1.27				Art Unit			2169						
TOTAL AMOUNT OF PAYMENT (\$) 630.00			Attorney Docket No. SON-3117			SON-3117							
METHOD OF PAYMENT (check all that apply)													
Check Credit Card Money Order None Other (please identify):													
x Deposit Account Deposit Account Number: 18-0013 Deposit Account Name: Rader, Fishman & Grauer PLLC													
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)													
X Charge fee(s) indicated below () () Charge fee(s) indicated below, except for the filing fee													
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17													
FEE CALCULATION													
1. BASIC FILING, SEA	ARCH, AND EX	AMINATION FE	ES										
	FIL	ING FEES Small Entity	SE	ARCH FE Small		EXAMI	NATION FEES Small Entity	5					
Application Type	Fee (\$)		Fee (\$			Fee (\$)		Fees	Paid (\$)				
Utility	310	155	510	25	55	210	105						
Design	210	105	100	5	0	130	65						
Plant	210	105	310	15	55	160	80						
Reissue	310	155	510	25	5	620	310						
Provisional	210	105	0		0	0	0						
2. EXCESS CLAIM FE	ES							Eac (\$)	Small Entity Fee (\$)				
Fee Description Feeb claim over 20 (in	ncludina Reissu	uec)						Fee (\$)	25				
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)								200	100				
Multiple dependent claims							360	180					
Total Claims E				Paid (\$) M			Multiple Dependent Claims						
	x				_	E	ee (\$)	Fee Paid (<u>\$)</u>				
HP = highest number of to													
Indep. Claims E	Extra Claims x	Fee (\$)	Fee	Paid (\$)	_		•						
HP = highest number of in		paid for, if greater th	an 3.		_								
3. APPLICATION SIZE	E FEE	, 1° 1											
If the specification as	nd drawings ex	ceed 100 sheets	of paper	(excluding	electr	onically f	iled sequence or	computer	_				
listings under 37 (sheets or fraction						for small	entity) for each a	idditional 5	0				
Total Sheets	Extra Sheets			additional 5		ction there	of Fee (\$)	Fee	Paid (\$)				
	=			(round up				=					
4. OTHER FEE(S)									Fees Paid (\$)				
Non-English Specification, \$130 fee (no small entity discount)									40.00				
Other (e.g., late filing surcharge): 1401 Notice of appeal 1251 Extension for response within first month							510.00 120.00						
SUBMITTED BY Signature	117	1 40	190	Registration		40,290		(202) 95	55-3750				
I .		1 X 1/)	(Attorney/Ag	ent)	24.104	. [,, 00					

Christopher M. Tobin Ronald P. Kananen

Name (Print/Type)

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Under the Paperwork Reduction Agree	person are required to	respond to a collection	of information	n unless it displays	a valid OMB	control number					
Effective on 12/08		respond to a collection of information unless it displays a valid OMB control number Complete if Known									
Fees pursuant to the Consolidated Appro		Application Numb		10/574,945-Conf. #7327							
FEE TRANS	Filing Date	A	April 7, 2006								
For FY 2	First Named Inve		Haruo Yoshida								
FOIFIZ	Examiner Name	A	A. Ruiz								
Applicant claims small entity sta	Art Unit	2	2169								
TOTAL AMOUNT OF PAYMENT	Attorney Docket N	lo. S	SON-3117								
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X Deposit Account Deposit Account Number: 18-0013 Deposit Account Name: Rader, Fishman & Grauer PLLC											
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Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17											
FEE CALCULATION											
1. BASIC FILING, SEARCH, AND E	EXAMINATION FEES										
F	ILING FEES SE	ARCH FEES	EXAMINA	ATION FEES							
Application Type Fee (Small Entity \$) Fee (\$) Fee (Small Entity \$) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees P	aid (\$)					
Utility 310			210	105	10001						
Design 210			130	65	-						
Plant 210			160	80							
Reissue 310			620	310							
Provisional 210			020	0							
	105 (U	U	U		S					
2. EXCESS CLAIM FEES					Fee (\$)	Small Entity Fee (\$)					
Fee Description Each claim over 20 (including Reis	sues)				50	25					
Each independent claim over 3 (inc	-				200	100					
Multiple dependent claims				•	360	180					
Total Claims Extra Claims	Fee (\$) Fee	Paid (\$)	Mul	ultiple Dependent Claims							
- =	x =		Fee	<u>: (\$)</u> <u>!</u>	Fee Paid (\$	ì					
HP = highest number of total claims paid for	. •	Deid (\$\)				_					
Indep. Claims Extra Claims	Fee (\$) Fee	Paid (\$)									
HP = highest number of independent claim	·										
3. APPLICATION SIZE FEE	, ,										
If the specification and drawings	exceed 100 sheets of pape	r (excluding electro	nically file	ed sequence or	computer						
listings under 37 CFR 1.52(e)),			r small ent	tity) for each a	dditional 50	,					
sheets or fraction thereof. See					_ ' _						
Total Sheets Extra Shee - 100 =		additional 50 or fracti (round up to a whole			Fee F	Paid (\$)					
4. OTHER FEE(S)			•		Fees	Paid (\$)					
Non-English Specification, \$13	30 fee (no small entity dis	count)				<u>. </u>					
Other (e.g., late filing surcharge): 1401 Notice of appea	al				0.00					
	1251 Extension for re	esponse within firs	t month		12	0.00					
SUBMITTED BY											
Signature	40,190	Registration No. (Attorney/Agent)	40,290 24,104	Telephone	(202) 955-3750						
Name (Print/Type) Christopher M. T Ronald P. Kanar	obin			Date	July 10,	2008					